



ARTICLE TYPE: Original Research Article

Impact of Social Media on Training in Gastroenterology and Endoscopy: “An International Series of 521 Participants”

Mariam Konso^{*1}, Ikram Errabih¹, Omeima Cherkaoui El Malki¹, Salma Mechhor¹, Manal Cherkaoui Malki¹, Nadia Benzoubeir¹ and Hicham El Bacha¹

¹Department of Hepato-Gastroenterology and Proctology “Medicine B”, Ibn Sina Hospital, University Mohamed V, Rabat, Morocco

Corresponding Author:

Mariam Konso

How to cite:

Konso, M., Errabih, I., El Malki, O. C., Mechhor, S., Malki, M. C., Benzoubeir, N., & El Bacha, H. (2024). Impact of social media on training in gastroenterology and endoscopy: An international series of 521 participants. *IFR Journal of Medicine and Surgery*, 1(1), 1-5. <https://doi.org/10.70146/msv01i01.001>

DOI: 10.70146/msv01i01.001

Received: 18-08-2024

Accepted: 25-08-2024

Revised: 07-09-2024

Published: 18-09-2024

Abstract: Social media (SM) are part of our daily lives. Whether we like it or not, social media has become an integral part of our society. Based on Statista estimates, there were 4.5 billion people using social media in 2022 [1], with this figure projected to rise to nearly 6 billion by 2027. A significant number of users, including gastroenterologists (GE), are on SM every day. But how much time do they spend surfing and what impact does this have on gastroenterology training?

The aim of our study is to assess the extent to which gastroenterologists are currently using social medias and its impact on their learning and training.

Keywords: social media, training, gastro-intestinal endoscopy.

INTRODUCTION

Social media (SM) are part of our daily lives. Whether we like it or not, social media has become an integral part of our society. Based on Statista estimates, there were 4.5 billion people using social media in 2022 [1], with this figure projected to rise to nearly 6 billion by 2027. These new media allow to enrich the exchanges between doctors and offer new training perspectives. A significant number of users, including gastroenterologists (GE), are on SM every day. But how much time do they spend surfing and what impact does this have on gastroenterology training?

The aim of our work is to assess the degree of current use of SM by gastroenterologists and its impact on the learning process.

MATERIALS AND METHODS:

This prospective descriptive international study was performed over 10 months (January 2022 - October 2022). A survey based on a 28-questions self-administered form via Google Forms to GE

anonymously. This questionnaire contained items on the use and the opinion of the practitioners concerning the SM. We collected demographics, qualitative and quantitative data on SM use, practitioner appraisal. Recorded data were analyzed using Jamovi 2.2.5 software. Continuous variables are presented as mean \pm standard deviation or median; and qualitative variables are presented as n (%).

RESULTS:

A total of 521 attendees participated in the study, and were included to our database.

The median age of the participants was 35years [32; 48], with dominance of participants under 40 years 396 (76%). With the participation of different countries with a majority of participants from Morocco 182 (35%). 298 participants (57,2%) were women, with a Sex ratio =0,74. The majority of participants were specialists 427(82%), 94(18%) residents on training.

Over 521(100%), 514 (98,7%) reported using SM also for training purposes. The mean of time spent on SM was 4.39 ± 1.56 hours per day, of which median 2 hours [32; 48] is devoted to learning.

Univariate Statistical Analysis

Participants under 40 years of age spent more time using SM on a daily basis compared to participants over 40 years of age with p value <0.004 (396(76%) vs 125(24%)). The use of SM for training purposes was found among participants under 40 years of age 390 (75.9%) compared to 124 (24.1%) for participants over 40 years of age (Not significant). Specialists spent more time on using SM for training compared to residents with p value <0.001 (427(82%) vs 94(18%)). YouTube is the most used SM for this purpose 431(82.7%), followed by WhatsApp 373(71,5%), followed by Facebook 371(71.2%) and Instagram of 221(42.4%).

Digestive endoscopic videos 404(77,5%) and images (endoscopic or radiologic) 361(69,2%) are the most searched in SM then sharing clinical cases 21(4,03%) or daily professional experience 19 (3,64%) Table 1.

In total, 472(90.5%) think that SM can improve their training with the result of the judgment in Table 2.

However, 368(70.6%) of the participants think that they cannot evaluate the information reliability through SM. For them, the most reliable accounts are an official account of an academic society 138(26.48%) or an Official scientific journal account: 135(25.91%).

Table 1: The Use of Social Media in Hospital Practice.

Social media and hospital practice	n(%)
Review the details of an endoscopic or surgical technique (Proctology).	404 (77.5%)
Search for an image (Radiological, Endoscopic).	361(69.2%)
Search for a therapeutic care.	108 (20.72%)
Request a senior opinion.	88(16.8%)
Share: clinical cases, iconography, videos...	21(4.03%)
Share daily professional experience.	19(3.64%)

Table 2: Overall Assessment of the Contribution of Social Media in Learning.

Medical training in gastroenterology	Digestive endoscopic training
Excellent: 48(9,2%)	Excellent: 38(7,3%)
Very good: 59(11,3%)	Very good: 56(10,7%)
Good: 365(70%)	Good: 362(69,5%)
Fair: 41(7,9%)	Fair: 53(10,2%)
Poor: 4(0,8%)	Poor: 5(1%)
None: 4(0,8%)	None: 7(1,3%)

DISCUSSION:

Social media (SM) are defined as forms of electronic communication through which users create online communities to share information, ideas, personal messages, and other content (such as

videos). Within healthcare, SM is increasingly used in both organizational, institutional and a personal capacity, enabling individuals to interact, network, learn and teach. In recent years, SM has transformed how we as gastroenterologists (GE) communicate with each other and has grown into an arena of knowledge and peer support for patients, but little is known about how GE can use SM to conduct thoughtful, rigorous research focused on learning. We now live in the Information Age, an era in which the internet and SM are a mainstay. As more scientists and clinicians start to use social media in a professional capacity, it is becoming increasingly clear that more guidance and even training is needed for responsible SM use in academic and clinical settings. In gastroenterology, social media platforms such as Facebook, Twitter, LinkedIn, YouTube, Instagram have become widely popular arenas for professional development, networking, disseminating education, and patient engagement [2-3]. With the rise of SM in academic medicine, several online gastro-intestinal (GI) communities (#GITwitter, #LiverTwitter, @MondayNightIBD, @ScopingSundays, #TracingTuesday) have become popular sources of communication and engagement for trainees and junior faculty [4-5]. This phenomenon is predominant for Facebook, however. Twitter [6] is equally impressive in bringing people together, even on an individual level. The Healthcare Hashtag Project [7] analyzes the group influence and growing role of Twitter in health care, which has resulted in a captured conversation that is now over the 100-million tweet threshold, which equates to 100 million individual pieces of health care information shared. In our study, the 3 platforms most used by participants are: Youtube 428(82,1%), WhatsApp 373(71,6%) and Facebook 371 (71,2%). Compared to the 3 platforms with the greatest impact on training: Youtube 450(86,3%), Instagram 291(55,8%) and WhatsApp 250 (47,9%). Also, there are frequently videos of small extracts, or even full videos, from medical conferences or lectures given by individuals who are attending those meetings. In our study, digestive endoscopic videos 404(77,5%) and images (endoscopic or radiologic) 361(69,2%) are the most searched in SM then sharing clinical cases 21(4,03%) or daily professional experience 19 (3,64%) Table 1. Therefore, there are a number of ways that SM can be leveraged for the purpose of clinical education. Such resources can be quite valuable for GE who are not in attendance at the conference. SM encompasses many platforms, each with a different audience and potential utility. We must choose our platform(s) wisely. For GE in training, Twitter is a popular medium for intra-provider and researcher communication. For some, SM is becoming a scholarly endeavor. In their Comment, Bilal et al. [8] make a case for formally recognizing gastroenterology-focused SM scholarship as an academic endeavor, such as leadership roles in Twitter educational accounts or moderating journal clubs, and present a standardized method for reporting such efforts in one's curriculum vitae. A poll they conducted on Twitter (open for 5 days, 206 votes total) asked whether people agreed that SM is an emerging tool for scholarship. 54.9% of votes were in favor, but 31.1% disagreed and 14.1% were unsure. A good deal of research and knowledge is being shared in that space. SM shrinks the world. Through connections made on platforms, it is now possible for GE to engage directly with individuals they might not have otherwise been able to contact because of the distance between their institutions. There is also a wonderful opportunity by using SM to find a pool of motivated junior GE that could otherwise be difficult and expensive to organize. SM can also provide endoscopists with a forum to network, collaborate, and share clinical experiences and challenges with their peers. Even though SM has transformed how we as GE communicate with each other and has grown into an arena of knowledge and peer support for patients, but little is known about how GE can use SM to conduct thoughtful and rigorous research. Creating a digital SM platform for GI health care providers thus represents a great opportunity. However, it is important to control the distribution of information that is disseminated via SM. In our study, 368(70,6%) of the participants think that they cannot evaluate the information reliability through SM. We must adapt to the changing use of SM in scientific and medical communities and whilst some will prefer to keep it social, there are many for whom social media is an extension of their professional and academic output. Whatever side of the debate you stand, it is time to take SM seriously in science and medicine. All GE must learn to use the Internet to their advantage and be acutely aware of the disadvantages. In an era where SM and the Internet are king, GE must learn to use the Internet to their advantage and be acutely aware of the disadvantages. This study sought to comprehensively investigate the impact of social media and Internet platforms on gastroenterology and endoscopy training, but also demonstrate that they have disadvantages like: reliability of information 219(42%), multiplicity of information 203(39%) and Distraction 99(19%). All major American academic gastroenterological and endoscopic societies currently have active Facebook pages, including the American Gastroenterological Association (AGA), American College of Gastroenterology (ACG), American Society of Gastrointestinal Endoscopy (ASGE), American Association for the Study of Liver Diseases (AASLD), and the Society of American

Gastrointestinal and Endoscopic Surgeons (SAGES) [9]. The Mayo Clinic also has taken the initiative in advancing SM and health care. The Mayo Clinic Center for Social Media [6] is a unique social media center focused on health care and builds on Mayo Clinic's early leadership in implementing SM tools, commencing podcasting as early as 2005. Mayo Clinic has one of the most popular medical provider channels on YouTube and more than 260,000 followers on Twitter, as well as an active Facebook page with more than 65,000 fans.

CONCLUSION:

Over the last years, the emergence of SM has changed the way people communicate and interact with each other, both in the personal and professional areas. Because of their practical side and accessibility, they facilitate access to information, hence the interest to include them in the training process.

In this study, we wanted to assess whether GE in Morocco currently use social media for learning-related activities and what their usage preferences are. The majority of participants were interested in social-media-based medical education and believe that social media would positively impact their training. But they are still reticent about reliability of information. So, it is important for GE to understand how to use SM. Armed with professional goals, SM can be a powerful tool to help reach those goals. The reliability of information remains a problem that can be overcome by the involvement of learned societies and the certification of reliable accounts.

Funding: None.

Informed Consent

Written informed consent was obtained from the patient for their anonymized information to be published in this article.

Declaration of Interests

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgments: Not applicable.

Author contributions:

All authors have contributed to the conduct of this work. All authors also declare that they have read and approved the final version of the manuscript.

REFERENCES:

1. Dixon, S. J. (2024, May 17). *Number of social media users worldwide from 2017 to 2028*. Statista. <https://www.statista.com/statistics/278414/number-of-worldwide-social-network-users/>
2. Chiang, A. L. (2020). Social media and medicine. *Nature Reviews Gastroenterology & Hepatology*, 17(5), 256-257.
3. Chiang, A. L., Vartabedian, B., & Spiegel, B. (2016). Harnessing the hashtag: a standard approach to GI dialogue on social media. *Official journal of the American College of Gastroenterology/ACG*, 111(8), 1082-1084.
4. Bilal, M., & Oxentenko, A. S. (2020). The impact of Twitter: why should you get involved, and tips and tricks to get started. *Official journal of the American College of Gastroenterology/ACG*, 115(10), 1549-1552.
5. Mikolajczyk, A. E., Ufere, N., Breu, A. C., Parikh, N. D., Garcia-Tsao, G., & Tapper, E. B. (2020). #LiverTwitter: an emerging tool for liver education and research. *Hepatology Communications*, 4(8), 1229-1233.
6. Prasad, B. (2013). Social media, health care, and social networking. *Gastrointestinal endoscopy*, 77(3), 492-495.
7. Pinho-Costa, L., Yakubu, K., Hoedebecke, K., Laranjo, L., Reichel, C. P., Colon-Gonzalez, M. D. C., ... & Errami, H. (2016). Healthcare hashtag index development: Identifying global impact in social media. *Journal of biomedical informatics*, 63, 390-399.

8. Bilal, M., Aby, E. S., Mahmood, S., Chiang, A. L., Breu, A. C., & Charabaty, A. (2021). Standardized reporting of gastroenterology-related social media scholarship for career advancement. *Nature Reviews Gastroenterology & Hepatology*, 18(8), 519-520.
9. Davis, E. D., Tang, S. J., Glover, P. H., & Wang, A. Y. (2015). Impact of social media on Gastroenterologists in the United States. *Digestive and Liver Disease*, 47(3), 258-259.